

## **MEM-CL-Lock in Referrals**

### **Purpose:**

Process and review referrals from sources such as the Drug Utilization Review (DUR) Commission, the Community, MediPASS providers, Health Maintenance Organization (HMO) providers, pharmacies, other providers or other Iowa Medicaid Enterprise (IME) units. Members may also enter the Lock-in program voluntarily. All referrals are reviewed. Initial screening of the referred members will occur within 5 days of receipt.

### **Identification of Roles:**

- **Lock-in (LI) Coordinator** – Accepts referrals, completes administrative tasks, and provides unit support.

### **Performance Standards:**

On a quarterly basis report the Member Health Education Program (MHEP) and Lock-in (LI) program savings and a quarterly measurable growth rate from pre-enrollment to post-enrollment for LI members. Outline the methodology for this analysis based on claims data to a level of detail that enables the Department staff to substantiate the reports content.

### **Path of Business Procedure:**

Step 1: The LI Coordinator will receive referrals via telephone, letter, or via fax. Referral form may be utilized

Step 2: The LI Coordinator will follow the process for the Members Selection for Utilization Review Procedure

Step 3: The LI Coordinator will review eligibility of member. (See MEM-Eligibility Verification Procedure)

Step 4: The LI Coordinator will enter referral information on the referral-tracking sheet, located on the Member Services Share Drive: \\Dhsime\memsrv\clinical\Lock-in\Referral tracking

Step 5: Initial review will be completed within five business days of receipt of referral.  
a. The Coordinator may expedite the request at the request from the individual, department or provider referring the member

- b. Full determination and action must be made within 30 days of receipt of the referral. (See Lock-in Member Selection for Utilization Review Procedure)

Step 6: The Coordinator will enter referral information into the C3 note section. The following information needs to be documented;

- a. Referred by
- b. Reason for referral
- c. Findings
- d. Result
  - 1. Letter
  - 2. Lock-in
- e. If not reviewed, why?

### **Forms/Reports:**

Referral Form

Referral Tracking Log

### **RFP References:**

6.5.6

### **Interfaces:**

SSNI

MMIS

C3

Data Warehouse

### **Attachments:**

NA